

MAP 24B PROCESS CHANGED

Effective May 1, 2002, ABI Waiver Case Managers will begin submitting the MAP 24B-- a task formerly handled by the Brain Injury Services Unit.

The MAP 24B is used by the DCBS office in the determination of an applicant's financial eligibility for the ABI Waiver, as well as to establish the primary provider. You may recall that the primary provider is responsible for collection of the patient liability amount.

The MAP 24B is to be submitted

to the DCBS office upon admission to the ABI Waiver program, upon discharge from an existing service provider and admission to a different service provider, and when the participant is temporarily discharged (i.e. for hospital stay). If the participant is being permanently discharged from the ABI Waiver program, the BISU should be notified and the BISU will then assume responsibility for submission of the final MAP 24B.

A copy of the MAP 24B should also be mailed to the Brain Injury

Services Unit each time the case manager submits it to the DCBS office. An updated ABI Waiver Plan of Care Checklist adding this requirement has been developed. Please discard the previous edition of the checklist

A conference call was held on April 24, 2002 to discuss the process; if you were unable to participate and have questions or need copies of the updated forms and instructions for processing, please contact Susan Tatum at (502) 564-3615 or susan.tatum@mail.state.ky.us.

TIPS TO AVOID RECOUPMENT

Read the ABI Medicaid Waiver Program Services and Reimbursement Manual. Review the program requirements with your staff. The ABI Medicaid Waiver Program amendments, approved in 2001, are reflected in the current manual, dated September 2001. If you do not have a copy, or if you wish to receive additional copies, please call the Brain Injury Services Unit.

Deliver the services that are included on the recipient's current Plan of Care

Ensure that the activities in which the recipient is engaged are included on the Plan of Care and that these activities are performed for the purpose of helping the recipient meet the goals and objectives established on the Plan of Care.

Ensure that the service you deliver meets the definition of the service established in the Services and Reimbursement Manual

Please note that Pet Therapy and Recreation Therapy are not covered services in this Waiver program.

Measure the recipient's progress toward meeting the goals and objectives established on the Plan of Care

Remember, a recipient continues to be eligible for the ABI Medicaid Waiver Program as long as he or she still meets the level of care criteria and continues to progress. Providers are enrolled, and reimbursed, for their efforts to help recipients progress. Providers are

not enrolled, and may not be paid, to do custodial care.

Document service each time it is delivered.

Be sure to include the date, time the service began, time the service ended, the recipient's progress toward meeting the goals and objectives established in the current plan of care, and the full name and title of the person delivering the service.

Ensure that necessary documentation is readily available at the time of the annual compliance or billing review.

If documentation is missing at the time of the review, the reviewer must find that the service was not delivered and must recommend recoupment. Necessary documentation for a billing